F	ill in this inf	ormation to ident	ify your case:			Check as	directed in lines 1	17 and 21:
	ebtor 1	Yeanette First Name	A. Middle Name	Smythe Last Name		According to Statement:	the calculations requir	ed by this
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name			able income is not dete 1 U.S.C. § 1325(b)(3).	rmined
U	nited States Bar	nkruptcy Court for the:	EASTERN DIST	. OF PENNSYLV	ANIA	<del>                                  </del>	ble income is determir 1 U.S.C. § 1325(b)(3).	ned
	ase number f known)					—	nmitment period is 3 ye nmitment period is 5 ye	
 <u>Of</u>	ficial Form	122C-1				☐ Check if t	his is an amended filin	g
		Statement of Y tion of Commi			ome			04/20
acc	curate. If more principles	nd accurate as possib space is needed, atta s. On the top of any culate Your Aver	ich a separate she additional pages,	eet to this form. In write your name a	clude the	line number to v	which the additional	1
1.	What is your	marital and filing stat	us? Check one on	ıly.				
	√ Not marı	ried. Fill out Column A	, lines 2-11.					
	Married. Fill out both Columns A and B, lines 2-11.							
	Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.							
						Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	-	rages, salary, tips, bo	nuses, overtime, a	and commissions		\$1,155.55		_
3.	. Alimony and maintenance payments. Do not include payments from a spouse.			\$0.00				
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.					\$0.00			
5.	Net income fr	om operating a busir	ness, profession, o	or farm				
			Debtor 1	Debtor 2				
	Gross receipts deductions)	s (before all	\$0.00					
	,	necessary operating	\$0.00		Сору			
	Net monthly in profession, or	ncome from a business farm	<b>\$0.00</b>		here →	\$0.00		

Deb	otor 1	Yeanette A. Smythe				ase number (if k	nown)	
						Column A Debtor 1	Column B  Debtor 2 or non-filing spouse	e
6.	Net inco	me from rental and other	real property					
	Gross re	ceipts (before all	Debtor 1 \$0.00	Debtor 2				
	deduction	• •			-			
	Ordinary expenses	and necessary operating			-			
	Net mont	thly income from rental or Il property	\$0.00		Copy here →	\$0.00		
7.	Interest,	dividends, and royalties				\$0.00		
8.	Unemplo	oyment compensation				\$0.00		
		nter the amount if you conte nder the Social Security Ac						
	For yo	ou		\$0.	.00			
	For yo	our spouse						
	of title 10	d services. If you received on the include that pay only of retired pay to which you way provision of title 10 other	to extent that it doe would otherwise be e	es not exceed the entitled if retired	I			
10.	amount. payments declared (50 U.S.C (COVID-humanity pay, anni connection member	from all other sources not Do not include any benefits is made under the Federal laby the President under the C. 1601 et seq.) with respect 19); payments received as a company, or international or domest uity, or allowance paid by the on with a disability, combatof the uniformed services.	s received under the aw relating to the na National Emergenc to the coronavirus a victim of a war crir ic terrorism; or compose United States Goverelated injury or disa If necessary, list other the composition of the coronal states and the coronal states and and and and and and and and	e Social Security A tional emergency ies Act disease 2019 me, a crime again pensation, pension vernment in ability, or death of	Act; st n,			
	Total am	ounts from separate pages,	, if any.		<u> </u>			
11.	Calculate Add lines	e your total average mont s 2 through 10 for each colu d the total for Column A to the	hly income. ımn.	В.	[	\$1,155.55	+	= \$1,155.55  Total average monthly income
В	aut 2	Determine How to M	Iooouro Vour D	aduations for	m Incore			monuny income
	art 2:							\$1 AEE EE
12.	Copy yo	ur total average monthly i	ncome from line 1'	I				<u>\$1,155.55</u>

Deb	tor 1	Yeanette A. Smythe Case number (if known)						
13.	Calc	ulate the marital adjustment. Check one:						
	You are not married. Fill in 0 below.  You are married and your spouse is filing with you. Fill in 0 below.  You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.  Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.							
		If this adjustment does not apply, enter 0 below.						
		<del></del>						
		+						
		Total	\$0.00					
14.	You	r current monthly income. Subtract the total in line 13 from line 12.	\$1,155.55					
15.	Calc	rulate your current monthly income for the year. Follow these steps:						
	15a.	Copy line 14 here 🔷	\$1,155.55					
		Multiply line 15a by 12 (the number of months in a year).	X 12					
	15b.	The result is your current monthly income for the year for this part of the form.	\$13,866.60					
16.	Calc	ulate the median family income that applies to you. Follow these steps:						
	16a.	Fill in the state in which you live. Pennsylvania						
	16b.	Fill in the number of people in your household.						
	16c.	Fill in the median family income for your state and size of household	\$71,448.00					
17.	How	do the lines compare?						
	17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not deto under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 1220)							
	17b.	Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income is determined</i> 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122Co On line 39 of that form, copy your current monthly income from line 14 above.						
Pá	art 3	Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)						
			\$1,155.55					
	•	y your total average monthly income from line 11.  uct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend	<u>Ψ1,133.33</u>					
19.								
	19a.	If the marital adjustment does not apply, fill in 0 on line 19a.	\$0.00					
	19b.	Subtract line 19a from line 18.	\$1,155.55					
20.	Calc	alculate your current monthly income for the year. Follow these steps:						
	20a.	Copy line 19b	\$1,155.55					
		Multiply by 12 (the number of months in a year).	X 12					
	20b.	The result is your current monthly income for the year for this part of the form.	\$13,866.60					
	20c.	Copy the median family income for your state and size of household from line 16c.	\$71,448.00					

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Debt	or 1	Yeanette A. Smythe	Case number (if known)				
21.	How	do the lines compare?					
		Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, <i>The commitment period is 3 years</i> . Go to Part 4.					
	_	Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, <i>The commitment period is 5 years</i> . Go to Part 4.					
Pa	rt 4	Sign Below					
	By si	igning here, under penalty of perjury I declare that th	e information on this statement and in any attachments is true and correct.				
		s/ Yeanette A. Smythe /eanette A. Smythe, Debtor 1	X Signature of Debtor 2				
	D	Date 10/8/2021	Date				
		MM / DD / YYYY	MM / DD / YYYY				

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.